



# **California Women, Children & Families Technical Assistance Project (CalWCF)**

## **Data on California's Women and Families with Substance Use Disorders**

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**Prepared for the California Department of Alcohol and Drug Programs  
by Children and Family Futures**

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## **Introduction**

This document contains data relevant to the delivery of a comprehensive continuum of services to prevent and reduce substance use disorders among women, children and families. The data come from analyses conducted by Children and Family Futures (CFF) and reference materials from other national and State reports. The sources are primarily from the national and California subset of three primary Federal data sources:

- National Survey on Drug Use and Health (NSDUH)
- Treatment Episode Data Set (TEDS)
- National Survey of Substance Abuse Treatment Services (N-SSATS)

## **Prevalence Estimates**

National estimates of alcohol and other drug (AOD) use among women have been derived from the NSDUH. The NSDUH is the primary source of statistical information on the use of alcohol and drugs by the U.S. population. In 2004, 7.6 million women (6.1% of the female population) were current illicit drug users and 15.1 million women (12.2% of the female population) aged 12 and older reported any illicit drug use in the past year.<sup>1</sup> These numbers represent 39.7% of the 19.1 million current illicit drug users and 43.5% of the estimated 34.8 million past year illicit drug users in the United States. During the same time period, 18.5 million women participated in binge drinking (representing 33.8% of all binge drinkers), defined as five or more drinks on at least one occasion in the past 30 days.<sup>2</sup>

While there were gender differences among the overall sample in the NSDUH, when age cohorts were examined, the gender differences were no longer apparent. However, a recent trend shows that among youth aged 12 to 17, the rate of current illicit drug use was similar for boys and girls (10.6% for both) and the rates of past month alcohol use were not significantly different (17.2% for males vs. 18.0% for females).<sup>3</sup>

Among pregnant women aged 15 to 44, 4.6% reported using illicit drugs in the past month, 11.2% reported past month alcohol use and 4.5% reported past month binge drinking.<sup>4</sup> These rates vary by gestation, with 10.6% of women in their first trimester, 1.9% of second trimester women and 1.1% of third trimester women reporting binge drinking.<sup>5</sup>

In 2004, 7.7 million women (6.2% of the female population) in the United States were dependent on or abused alcohol or other illicit drugs in the past year.<sup>6</sup> Women represented 33.4% of the 22.5 million Americans with AOD dependence or abuse.

Although California specific prevalence estimates are available through the NSDUH, they are not reported by gender. In 2004, 2.6 million Californians reported current (i.e., past month) illicit drug use and 5.9 million reported past month binge alcohol use. In addition, 904,000 Californians were dependent on or abused alcohol or other illicit drugs in the past year.<sup>7</sup> Based on the national NSDUH numbers on rates by gender, estimates for California women have been extrapolated. An estimated of 39.7% of current illicit drug users in the United States were female, it is estimated that 1 million illicit drug users in California in 2004 were women (39.7% of

2.6 million). Based on national figures again, it is also estimated that approximately 2 million female Californians were binge drinkers (33.8% of 5.9 million) and 302,000 female Californians (33.4% of 904,000) were either dependent on or abused substances in 2004.

The California Department of Health Services, Office of Women's Health, in collaboration with the State of California Department of Alcohol and Drug Programs (ADP) and other State departments conducts an annual survey of women's health examining patterns of abstention, drinking and heavier drinking among women based on several core measures. An analysis, which combined surveys conducted between 1997 and 2002, found that 49.6% of the women sampled were drinkers and 50.4% were abstainers.<sup>8</sup> Only 1.4% of the sample reported drinking 60 or more drinks in the month (which was classified as chronic drinking) and 7.2% of women engaged in binge drinking at least once in the prior month. Younger women (ages 18-24) drank at higher rates than older women. Caucasian women had the highest rate of alcohol consumption (57.9%) followed by US-born Hispanics (46.7%), African Americans (45.7%) and other populations, including Asian women (36.5%). The lowest rate of alcohol consumption reported (21.6%) was among foreign-born Hispanics.<sup>9</sup>

### **Children of Alcohol and Drug Using Parents**

Children of substance abusers (COSAs) have a wide variety of problems and potential risk factors.<sup>10,11,12</sup> These factors include:

- effects of prenatal exposure
- unstable and unsafe family environments
- greater likelihood of experiencing childhood trauma, violence, abuse or neglect
- developmental and cognitive delays and deficits
- proximity to and accessibility of alcohol and other drugs
- family norms and values which encourage alcohol and drug usage
- living part of their lives in out of home care and removed from their birth parents.

Recent studies have documented that adverse childhood environments can have as much or more of an impact than prenatal exposure. In 2001, more than 6 million children (9% of American children) lived with at least one parent who abused or was dependent on alcohol or an illicit drug during the past year.<sup>13</sup> The rates vary by child age however. The percentage of children under the age of 6 with a parent with a substance use disorder is 9.8% and 8.3% among those ages 6 to 17.

Of these children, more than 4 million lived with a parent who abused or was dependent on alcohol; almost 1 million lived with a parent who abused or was dependent on an illicit drug; and, more than 0.5 million lived with a parent who abused or was dependent on both alcohol and an illicit drug.<sup>14</sup> Among parents living with their children, 8% of fathers and 4% of mothers were dependent on or abused alcohol or an illicit drug during the past year.

Figure 1 shows these national data applied to the estimated number of children in California. There are nearly 310,000 children and age 6 and 530,000 children between the ages of 6 and 17 who live with at least one parent with a substance use disorder. The projected total of children is over 840,000 California children (8.8%).

<b>Figure 1: Estimated California Children Living with a Substance Dependent or Abusing Parent in Last Year<sup>1</sup></b>			
	Estimated California Population <sup>2</sup>	Estimated percent living with parent with substance use disorder <sup>3</sup>	Estimated number living with parent with substance use disorder <sup>4</sup>
Estimated number of children under 6	3,159,402	9.8%	309,621
Estimated number of children ages 6 to 17	6,391,656	8.3%	530,507
<b>PROJECTED TOTAL</b>	<b>9,551,058</b>	<b>8.8%</b>	<b>840,129</b>
<sup>1</sup> Includes alcohol abusing/dependent/ and/or drug abusing/dependent <sup>2</sup> US Census Bureau: 2004 American Community Survey, General Demographic Characteristics: 2004 <sup>3</sup> Extrapolated from: Substance Abuse and Mental Health Services Administration (2003), The NHSDA Report: Children living with substance-abusing or substance dependent parents. June 2, 2003 <sup>4</sup> Generated using estimated number of children in California and national reporting of substance abuse and dependence. Under-reporting is common, so estimate may understate the number of children.			

The California Health Interview Survey (CHIS) is a telephone survey of children, adolescents and adults throughout the State. CHIS inquires about numerous health related topics, including questions regarding alcohol use. Survey results showed that non-parenting adults were more likely to drink alcohol than parenting adults. Approximately 58% of adults indicated that they drank alcohol in the last month including 50.1% of single parents with children and 56.4% of married parents with children.<sup>15</sup> Data on children growing up in families with illicit drug use is limited.

Fetal alcohol spectrum disorder (FASD) is caused by maternal alcohol consumption during pregnancy. FASD can include physical abnormalities, mental retardation and health problems. Long-term effects of prenatal alcohol or substance exposure may include: long-term cognitive deficits, learning disabilities and poor social adjustment in older children.<sup>16,17</sup> Older children prenatally exposed to stimulants and other substances may have limited expressive language and small but significant deficits in IQ in the language ability areas. Over-stimulation and self-regulation difficulties have been observed with cocaine-exposed children and these effects may be seen in children exposed to other stimulants.

Prenatal exposure to alcohol or other drugs is only one factor of a myriad of other factors which place COSAs at risk. Children of parents who use substances may experience sub-optimal home environments (e.g., lack of appropriate and consistent boundaries, family instability). Chaotic home environments and parenting may contribute to developmental, behavioral, health and mental health problems and subsequent delinquency or alcohol/drug usage. Children who are exposed to the production, manufacturing and sales of illicit drugs have additional health and safety risks. All of these associated environmental factors, combined with biological factors, place children of substance abusers at increased risk for early onset of alcohol and other drug problems, as well as predisposing them to a significant number of other problems. Unfortunately, there is little data available regarding the prevalence or needs of COSAs.

Prenatal and post-natal exposure to alcohol and drugs in a family and the lifestyle effects of those drugs have consequences in children's development. Prenatal and postnatal effects can

be mitigated by the care received after birth and during childhood, but may require specialized interventions. When children of substance abusers enter service systems (child welfare, parenting, regional centers, preschools) these systems do not screen, assess, diagnosis, address or track alcohol or drug involved families. If systems establish better screening and surveillance tools then early intervention and better outcomes could be achieved.

## Prevalence of Alcohol and Drug Use During Pregnancy

An infant is substance-exposed if it has been exposed in utero to alcohol, licit or illicit drugs ingested by the mother. The American College of Obstetrics and Gynecology holds the position that there is no safe amount of alcohol that can be consumed during pregnancy. The effects of substance exposure depend on many factors, including the timing, frequency, substance and intensity of the exposure. The effects of substance exposure are often not detected. In some instances, the resulting developmental, health and behavioral problems may not be addressed until children enter school; other children never get help.

Figure 2 shows estimates of alcohol exposed births in California and the projected number of youth under 18 who may be affected by alcohol exposure. It is estimated that more than 100,000 infants are born each year in California who have been prenatally exposed to alcohol (see Figure 2). From 1987 to 1004, as many as 1.9 million California children were exposed to alcohol in utero.<sup>1</sup> The California Maternal and Infant Health Assessment (MIHA) is an annual statewide survey of women who recently gave birth. In the 2003 MIHA survey, approximately 19% of women reported drinking during their pregnancy.<sup>18</sup>

<b>Figure 2: Alcohol Exposed Births in California</b>	
Number of Births in California <sup>1</sup>	540,827
Estimated percent of pregnant women who drink alcohol <sup>2</sup>	19.0%
Projected number of births with alcohol exposure	105,181
<sup>1</sup> Source: State of California Department of Health Services, Birth Records	
<sup>2</sup> Source: California Maternal and Infant Health Assessment, 2003	

It is estimated that between 20,000 and 60,000 California infants are prenatally exposed to illicit drugs each year (see Figure 3). There are three primary sources of data from which drug exposed births can be extrapolated: the NSDUH data on the percent of pregnant women reporting illicit drug use in the past month;<sup>19</sup> the 1992 California Perinatal Substance Exposure Study<sup>20</sup> and initial results from the Infant Development, Environment and Lifestyle (IDEAL) study.<sup>21</sup>

The NSDUH estimated that 8.0% of women report use in the last month of their first trimester of pregnancy and 4.6% reported use in their last month of any trimester (see Figure 3). This equates to 43,266 and 24,878 Californians prenatally exposed, respectfully. The NSDUH is useful in estimating prenatal exposure due to the magnitude of the study, the completeness of data set and the fact that it addresses substance use during the last month by trimester of pregnancy (thus capturing first trimester substance use). Since a significant number of

<sup>1</sup> Approximately 10 million infants were born in California in the 18 year period from 1987-2005. Assuming the rate of alcohol use during pregnancy each year was 19% then 1.9 million of these infants were born exposed to alcohol.

pregnancies involving prenatal substance use do not lead to live births, it is possible that the NSDUH presents an over estimate of rates of prenatal substance use.

<b>Figure 3: Prenatal Exposure to Illicit Drugs in California</b>		
<b>Data source used to extrapolate rate of substance exposure</b>	<b>Rate</b>	<b>Projected number of California drug exposed births<sup>1</sup></b>
NSDUH, report of use in last month, sampling first trimester of pregnancy	8.0%	43,266
NSDUH, report of use in last month, sampling from all trimesters of pregnancy	4.6%	24,878
CA Perinatal Substance Exposure Study, positive test at time of delivery	3.5%	18,929
IDEAL, self-report or meconium testing	11.0%	59,491
<sup>1</sup> California Department of Health Services reported 540,827 births in 2003. Estimates calculated by applying the substance exposure rate derived from the named study above to the number of California births.		

The 1992 California Perinatal Substance Exposure Study included a comprehensive evaluation of 29,000 births throughout California and found that 3.5% of women had a positive drug test at the time of delivery.<sup>22</sup> This equates to 18,929 California children prenatally exposed (see Figure 3). By testing maternal urine, the study accounts for limitations in self-reporting. The study, however, is fifteen years old and use of drugs may have changed since the study was conducted. The study captured drug use at the time of delivery. Pregnant women who stopped substance use prior to delivery are not included.

Lastly, the IDEAL study used meconium testing to confirm negative self-reports. It found that 11.0% of pregnant women (equating to 59,491 California children) self-reported prenatal substance use or had a positive meconium test with the birth of their child (see Figure 3). Information about births in Los Angeles is included as well as data on national rural and urban settings. One limitation of the data is the fact that it concentrates on pregnant women in cities or regions identified as having a high rate of methamphetamine use. Thus, it may overstate prevalence of prenatal drug use.

The above studies deal solely with prenatal alcohol or illicit drug use. In 1992, there was a statewide testing of 30,000 women which documented that 11.35% of all births were substance-exposed to alcohol and illicit drugs, based on detection methods at that time. This percentage corresponds to approximately 70,000 births a year.<sup>23</sup>

## Summary

- An estimated 1 million illicit drug users in California in 2004 were women
- An estimated 302,000 female Californians were either dependent on or abused substances in 2004
- There are an estimated 840,000 California children living with a parent who has a substance use disorder
- An estimated that 100,000 infants are born each year in California who have been prenatally exposed to alcohol and approximately 20,000 and 60,000 California infants are prenatally exposed to illicit drugs each year

## **Prevalence Estimates for Special Populations**

### **Substance Abuse and Child Welfare**

Despite recent attention to the prevalence of parental substance use disorders among families in child welfare services (CWS), there is very little national and State data on the number of children who are in foster care as a result of parental substance use disorders. For more than a decade, anecdotal reports have suggested that a sizable majority of families involved with child welfare services are affected by substance use disorders. But studies that have examined the prevalence of substance abuse among parents in the child welfare population have found widely varying rates. National reports in the late 1990s often cited studies that indicated that from 40% to 80% of CWS-involved families have substance use problems.<sup>24,25</sup> The Department of Health and Human Services in its Report to Congress in 1999 stated that between one-third and two-thirds of children in CWS are affected by substance use disorders.<sup>26</sup> They suggest that the lower estimate is based on cases in which children were not removed from the parents' care and the higher estimate is based on cases in which children were placed in protective custody.

### **Women with Co-Occurring Disorders**

The NSDUH estimates that almost 2% of the general female population in the United States has co-occurring mental health and substance use disorders.<sup>27</sup> This corresponds with the 2001 estimate that 1.5% of Californians met criteria for both severe mental illness and substance abuse or dependence.<sup>28</sup>

In the special population of Perinatal Service Network (PSN) participants in 2003-2004 included 15.2% individuals with co-occurring disorders and 84.8% without a co-occurring disorder.<sup>29</sup> In 2001, an estimated 962,000 of adult Californians (4%) perceived an unmet need for mental health treatment; women were twice as likely as men to perceive an unmet need. Forty-five percent of women with illicit drug dependence or abuse and 31% of women with alcohol dependence or abuse also had a serious co-occurring serious mental illness.<sup>30</sup>

### **Women Participating in Drug Courts and SACPA**

In the final report for the Comprehensive Drug Court Implementation Act of 1999, outcome data related to women addressed pregnancy outcomes. Two hundred forty-five women gave birth, including 174 adults and 71 juveniles. Ninety-four percent of the participants gave birth to babies without substances in their systems at the time of birth.<sup>31</sup>

An earlier report on the Drug Court Partnership Act did not provide analyses by gender. However, it does have two social outcomes related to families. It reports on family-related accomplishments. While there are data regarding the percentage of total clients retaining or gaining custody of their children, the information is not sufficient to evaluate effectiveness in preserving families. For example, from January 2000 to September 2001, 2,892 participants



completed drug court programs with 22% retaining custody of children and 6% gaining custody of their children.<sup>32</sup> It is unclear, however, how many participants were parents or how many participants lost custody of their children during this same time period. Counties reported 31% were reunited with families, 7% gained family visitation rights and 8% were current in child support. Additionally, the report indicated that 95% of all babies born while their mothers participated were drug-free at birth.<sup>33</sup>

The current reports on the evaluation of the Substance Abuse and Crime Prevention Act (SACPA or Prop 36) also give limited information about female participation and outcomes. Between July 1, 2001 and June 30, 2004, 26.9% of the clients referred to treatment by SACPA were female (27.9% from SACPA probation, 19.3% from SACPA parole).<sup>34</sup> This is roughly the same percentage as previous years. Female SACPA treatment clients were significantly more likely to have had a prior treatment experience (29.3%) than male SACPA clients (24.5%). Female and male SACPA clients had similar treatment durations, however. Approximately 76% of clients completed 30 days of treatment, 60% completed 60 days and 49% completed 90 days of treatment.<sup>35</sup> Treatment completion rates of SACPA clients also did not differ by gender, with 33.7% of male and 36.0% female SACPA clients completing treatment (see Figure 4). These completion rates are similar to other criminal justice (but not SACPA) and non-criminal justice populations (see Figure 4).<sup>36</sup>

**Figure 4: Treatment Completion Rates for SACPA and Other Populations by Gender**

	Men Completing Treatment		Women Completing Treatment	
	N	%	N	%
SACPA	21,216	33.7	7,533	36.0
Criminal Justice – not SACPA	27,550	39.9	11,065	38.7
Non-Criminal Justice	46,547	34.9	31,319	31.5

N=145,230. Source: Longshore et al., 2005.

## Incarcerated Women

Nationally, the number of women in state prisons has increased 757% in the past three decades, growing at more than twice the rate of the male prison population.<sup>37</sup> In 1977, the United States imprisoned 10 women per 100,000 female residents; in 2004, the rate had grown to 64 per 100,000. In 2004, this equated to 96,125 women in prison nationwide.

Women's higher growth rate is due to the small number of women who were incarcerated in 1977 relative to the number of men, so that increases show up as larger proportional growth against smaller base figures. Women's higher growth rate is also due to an increase in the number arrested and an increase in the female imprisonment rates.<sup>38</sup> The proportion of women convicted of violent offenses has decreased since 1979, while the number of women incarcerated for drug offenses has increased. In 2004, drug offenses accounted for nearly one-third of female incarcerations.<sup>39</sup>

While imprisonment rates have increased nationally, there is tremendous variation among states and regions. For example, 129 of every 100,000 women in Oklahoma are serving a state prison sentence while Massachusetts imprisons 11 women for every 100,000 women. California

ranks 22<sup>nd</sup> in the country, with 61 of every 100,000 women serving a State prison sentence (6.6% of all prisoners being female, equaling 10,882 female prisoners).<sup>40</sup> Since 1977, California has seen a 1522% increase in the number of female prisoners and ranks 6<sup>th</sup> among the states in terms of female prisoner population growth over the past three decades. The growth rate slowed to only 1% from 1999 to 2004, however. Enactment of Proposition 36 (SACPA) has diverted tens of thousands of people arrested for possession of drugs. By 2001, the number of women sentenced to prison had dropped by 10%, and correctional managers attributed Proposition 36 as the largest driving factor driving the decline.<sup>41</sup>

In 2004, the Little Hoover Commission report entitled “Breaking the Barriers for Women on Parole” reported on characteristics of women in the state prison system in California. An estimated 80-85% of women offenders in prison were reported to have a substance use disorder and 62% used drugs in the month prior to the offense.<sup>42</sup> The number of incarcerated women in California has grown steadily so that in 2004, there were more than 25,000 women under the jurisdiction of the California Department of Corrections and Rehabilitation including 10,973 women in institutions.

The Department of Corrections and Rehabilitation (CRC) provides Forever Free, an in-prison therapeutic community-based substance abuse treatment for 1,794 women, approximately 18% of the female inmate population (see Figure 5). Annually, the Female Offender Treatment and Employment Program (FOTEP) provides 989 parolees who have participated in-custody treatment with residential treatment in 13 counties upon release. The Substance Abuse Services Coordination Agency (SASCA) and the Parole Services Network provide treatment for parolees. SASCA serves 1,298 women annually (12.5% of the total SASCA population) and the Parole Services Network serves 463 women annually (14% of the Parole Services Network population). In addition, the Substance Abuse Treatment and Recovery (STAR) program is a curriculum based engagement program which seeks to motivate substance abusers to attend recovery activities after they are released. Approximately 1,400 women are served annually (see Figure 5). CRC funds three community based correctional facilities which provide residential treatment for women. The Family Foundations Program serves 70 women; the Leo Chesney Community Correctional Facility serves 220 female inmates in Sutter County. In both of these programs, women may bring their children under the age of six. The Drug Treatment Furlough offers 150 beds for women in community based residential treatment programs.<sup>43</sup>

<b>Figure 5. Correctional and Community Based Programs Serving Female Inmates</b>	
<b>Program</b>	<b>Number of Women Served Annually</b>
Forever Free	1,794
STAR	1,397
SASCA	1,298
FOTEP	989
Parole Services Network	463
Leo Chesney Community Correctional Facility	220
Drug Treatment Furlough	150
Family Foundations	70

## **Families Receiving CalWORKs**

Of Perinatal Services Network participants from July 1, 2003 to June 30, 2004, 12.5% were CalWORKs recipients and 39.9% were eligible for Medi-Cal.<sup>44</sup> In 2001, the average monthly caseload of CalWORKs Welfare to Work enrollees in California was 289,675, of which a total of 5,319 per month (less than 2%) were referred for substance abuse services and 2,454 (46% of those referred to treatment) recipients per month received substance abuse services.<sup>45</sup> An NHSDA report estimates that 5.6% of cash assisted families included a person reporting past month heavy alcohol use and 11.5% reported illicit drug use.<sup>46</sup> The average monthly caseload in CalWORKs in 2004-2005 was 490,090 families.<sup>47</sup>

At the county level, a California Institute of Mental Health (CIMH) evaluation of Kern and Stanislaus county CalWORKs recipients found that approximately 10% had a substance abuse or dependence problem.<sup>48</sup> The Los Angeles County Evaluation (LACES) reviewed 883 AOD treatment clients who were CalWORKs recipients (91% were female). LACES measures the number of days substances were used out of the last thirty years to document reductions in drug use. The evaluation data showed significant reductions in alcohol and drug usage (58-90% depending on drug of choice) but only slight improvements in employment at discharge: 4.5% were employed full-time and 4.6% were employed part-time.<sup>49</sup>

## **Summary**

- The majority of CWS-involved families have problems associated with substance abuse or dependence
- Among PSN participants, 45% of women with illicit drug dependence or abuse and 31% of women with alcohol dependence or abuse also had a serious co-occurring serious mental illness
- In 2004, there were 10,882 women serving a state prison sentence; a 1522% increase since 1977. By 2001, the number of women sentenced to prison had dropped by 10%, and correctional managers attributed Proposition 36 as the largest driving factor driving the decline.
- Although an estimated 80-85% of women offenders in prison were reported to have a substance use disorder, treatment beds are only available for only approximately 60% of the female inmates and parolees needing treatment.

## **Treatment**

### **Treatment Need**

In 2004, the estimated number of persons aged 12 or older in the United States needing treatment for an alcohol or illicit drug use problem was 23.4 million (9.8% of the total population). An estimated 2.3 million of these people (1.0% of the total population and 9.9 % of the people who needed treatment) received treatment at a specialty facility. Thus, there were

21.1 million persons (8.8% of the total population) who needed but did not receive treatment at a specialty substance abuse facility in 2004.<sup>50</sup>

Of the 21.1 million people who needed but did not receive treatment in 2004, an estimated 1.2 million (5.8%) reported that they felt they needed treatment for their alcohol or drug use problem. Of the 1.2 million persons who felt they needed treatment, 441,000 (35.8%) reported that they made an effort but were unable to get treatment and 792,000 (64.2%) reported making no effort to get treatment.

In 2004, approximately 8.1 million women needed substance abuse treatment, but only 9.4% received it. Of those women who did not receive treatment, 93.1% felt did not need treatment.<sup>51</sup>

An estimated 861,000 Californians needed but did not receive treatment for illicit drug use and 2.1 million needed but did not receive treatment for alcohol use in 2004.<sup>52</sup> Although there are no gender-specific numbers for California, this data can be extrapolated from the national numbers of women who had used substances in the past year (43.5%) and the estimated number of California who needed but did not receive treatment. Thus, it is estimated that 375,000 (43.5% of 861,000) women needed but did not receive treatment for illicit drugs and 924,000 women needed but did not receive treatment for alcohol problems in California (43.5% of 2.1 million).

## **Treatment Admissions**

In 2004, there were 1.875 million annual admissions to publicly-funded treatment for abuse of alcohol and drugs in the United States.<sup>53</sup> Women represented 31.5% (N=590,261) of those admissions.<sup>54</sup> Pregnant women accounted for 3.8% of the female admissions nationally. The primary drugs of abuse for all women entering treatment in the United States were: alcohol only (17.7%), alcohol with a secondary drug (15.5%), heroin (14.4%), marijuana (13.0%) and methamphetamine (11.5%).<sup>55</sup> The remaining 27.9% was comprised of other drugs of abuse.

Although nationally methamphetamine admissions account for a small percentage of all treatment admissions, there are important differences by gender and pregnancy status to consider. In the nation, women represented 31.5% of all treatment admissions in 2004. However, methamphetamine admissions for women are a much higher percentage of their overall admissions than for men – 11% compared to 6%. Of particular concern and urgency is the percentage of methamphetamine treatment admissions for adolescents. While young girls represent a smaller number of overall admissions, young girls between 12 and 14 years old represented 70% of youth admitted to treatment for methamphetamine. In addition, the percentage of all admissions increased from 6% in 1993 to 20% in 2003 for pregnant females, in contrast to an increase from 4% to 11% for non-pregnant females and 1% to 6% for males.

In California, there were 181,749 treatment admissions during 2004 according to the Treatment Episode Data Set.<sup>56</sup> Women represented 34.6% of the admissions.<sup>57</sup> Women between the ages of 35-49 represented the largest age group presenting for treatment in California, followed by 25-34 year-old women (see Figure 6). Pregnant women accounted for 5.4% (n=3,411) of the female admissions in California (see Figure 6). It is important to note that of 18-24 year-old women who entered treatment, more than 11% were pregnant. While only 2.4% of young women aged 12-17 were pregnant; they represented 4% of the total population of pregnant women served in California.

While the majority of the 3,411 pregnant women were likely served by Perinatal Services Network (PSN) programs, some may have participated in general population treatment or Drug Medi-Cal only funded treatment. Thus, these women are excluded from PSN reports.

<b>Figure 6: California Total Admissions, Female Admissions and Pregnant Admissions by Age of Client</b>					
<b>Age Group</b>	<b>Female Admissions</b>		<b>Pregnant Admissions</b>		<b>Percent of Pregnant Admissions</b>
	<b>N</b>	<b>%</b>	<b>N</b>	<b>%</b>	<b>%</b>
12-17 yrs	5,657	9.1%	136	2.4%	4.0%
18-24 yrs	11,143	17.9%	1,292	11.6%	38.3%
25-34 yrs	17,221	27.6%	1,414	8.2%	41.9%
35-49 yrs	24,359	39.0%	516	2.1%	15.3%
50 yrs and over	4,010	6.4%	19	0.5%	0.6%
<b>TOTAL</b>	<b>62,390</b>	<b>100.0%</b>	<b>3,377</b>	<b>5.4%</b>	<b>100.0%</b>
Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set. Based on administrative data reported by States to TEDS through October 04, 2005.					

Caucasian women represent almost half (47.2%) of the female treatment admissions in California (see Figure 7). Hispanic women represent the second largest racial/ethnic group admitted to treatment. Hispanic women are slightly over-represented in the percentage of pregnant treatment admissions (see Figure 7). The majority of women admitted to treatment in California during 2004 reported methamphetamine (40.1%) as their primary drug of abuse, followed by heroin/other opiates (18.4%), alcohol (18.0%), cocaine/crack (11.1%) and marijuana (10.5%) (see Figure 7). As shown in Figure 7, pregnant women are disproportionately represented among women seeking treatment for methamphetamine or stimulants. Of pregnant women entering treatment more than half (55.6%) reported methamphetamine/stimulants as their primary drug problem.

<b>Figure 7: California Total Admissions, Female Admissions and Pregnant Admissions by Race/Ethnicity and Primary Substance of Abuse</b>			
	<b>TEDS Percent of Female Admissions</b>	<b>TEDS Percent of Pregnant Women</b>	<b>Perinatal Program Annual Report*</b>
<b>Race/Ethnicity</b>			
Alaskan Native (Aleut, Eskimo, Indian)	0.2	0.2	0.0
American Indian (Other than Native Alaskans)	1.9	1.7	2.2
Asian or Pacific Islander	2.0	1.8	1.8
Black	15.8	15.4	18.0
White	47.2	42.7	48.7
Other single race	4.1	4.2	0.0
Hispanic (all races)	28.8	34.0	29.3

<b>Primary Substance</b>			
Alcohol	18.0	9.2	16.0
Cocaine/Crack	11.1	11.0	11.5
Marihuana	10.5	11.4	9.2
Heroin/Other Opiates	18.4	11.3	21.1
Meth/Other Stimulants	40.1	55.9	36.3
Other	2.0	1.2	5.9
* ADP's Perinatal Program reports on the PSN; which includes programs funded through perinatal set-aside funds. The PSN programs serve both pregnant and parenting women. Some pregnant and parenting women are served in non-PSN programs.			
Source: Office of Applied Studies, Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set (TEDS). Based on administrative data reported by States to TEDS through October 04, 2005 and the Office of Perinatal Substance Abuse, Department of Alcohol and Drug Programs Annual Report, 2004.			

### Children of Parents in Treatment

Studies have found that approximately 58% of adults in treatment are parents.<sup>58,59</sup> The estimated percentage of parents is based on an analysis of 15,618 consecutive admissions in 13 California counties, which found that 58.9% of the individuals in treatment were parents of minor children.<sup>60</sup> Data from a nationally representative sample of alcohol and drug treatment facilities which found that 56.6% of clients admitted to treatment had a child under the age of 18.<sup>61</sup> In this last study, female clients were more likely than male clients to have minor children (69.2% vs. 52.5%).<sup>62</sup>

Applying these national estimates to the number of female and male admissions in California results in approximately 121,000 men and 43,200 women admitted to substance abuse treatment who have minor children.

A California study found that 27.1% of parents in treatment had one or more of their children removed by CWS and 36.6% of parents in treatment had their parental rights terminated.<sup>63</sup> Extrapolated to the total number of adults in treatment in 2004, these percentages indicate that approximately 300,000 parents (27.1% of 1.106 million) had one or more children removed by CWS and approximately 109,000 had parental rights terminated. The California study also revealed that the percentage of parents who had parental rights terminated varied significantly by the type of treatment the parent received. Among parents with a child removed by CWS, the percentage who had their parental rights terminated was 29% for those in outpatient programs, 53% for those in residential programs and 80% in for those in narcotic treatment (primarily methadone maintenance).<sup>64</sup>

A review of data compiled from the CSAT Pregnant and Parenting Women and Residential Women and Children programs reviewed data from 4,520 children who entered treatment with their mothers.<sup>65</sup> The majority of children were in the custody of their mother's only (67%). These children displayed a number of risks associated with poor physical, academic or socio-emotional

outcomes. Risk factors included homelessness, placement in an intensive care unit at birth, family low-income status, not living in a two parent home. Out of eleven risk factors, children displayed an average of six. Children from the treatment centers were twice as likely to have asthma; three times as likely to have hearing problems; and seven times more likely to have vision problems than national averages.<sup>66</sup> Seventeen percent of the children's mothers reported that their child received special instruction (e.g., special education) and 24% reported being contacted by the school regarding a behavior problem.<sup>67</sup>

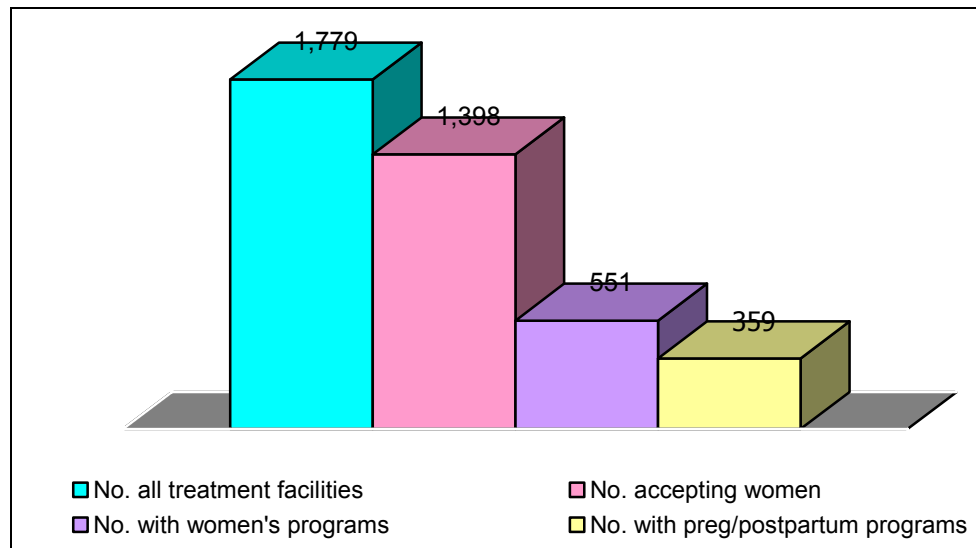
## Treatment Facilities and Services

Many treatment facilities do not provide the specialized services that women need. According to N-SSATS, approximately 30.2% of the facilities providing substance abuse treatment in the United States offered programs or groups specifically for women and only 14.1% provided a program for pregnant or postpartum women in 2004.<sup>68</sup> In California, 31% of the treatment facilities reported having programs or groups specifically for women and 20% had programs or groups for pregnant or postpartum women.<sup>69</sup> In addition, just over 10% of the facilities in California had residential beds for the clients' children. Figure 8 provides a comparison of national versus California estimates.

<b>Figure 8: Number of Programs for Women and Pregnant/Postpartum Women</b>		
	<b>California<sup>1</sup></b>	<b>National Average<sup>2</sup></b>
Percent of Female Admissions	34.7	31.5
Percent of Facilities with Women's Programs or Groups	31.0	30.2
Percent Females Pregnant at Admission	5.4	3.8
Percent of Facilities with Pregnant/Postpartum Women's Programs or Groups	20.2	14.1
<sup>1</sup> Office of Applied Studies, Substance Abuse and Mental Health Services Administration. (2006). <i>National Survey of Substance Abuse Treatment Services (N-SSATS), 2004</i> – Computer file. Online analysis conducted May 25, 2006 <sup>2</sup> Office of Applied Studies, Substance Abuse and Mental Health Services Administration. (2005). <i>National Survey of Substance Abuse Treatment Services (N-SSATS): 2004</i> .		

The number and trend of these women's programs and those with services for pregnant or postpartum women over the past two years are shown in Figure 9.

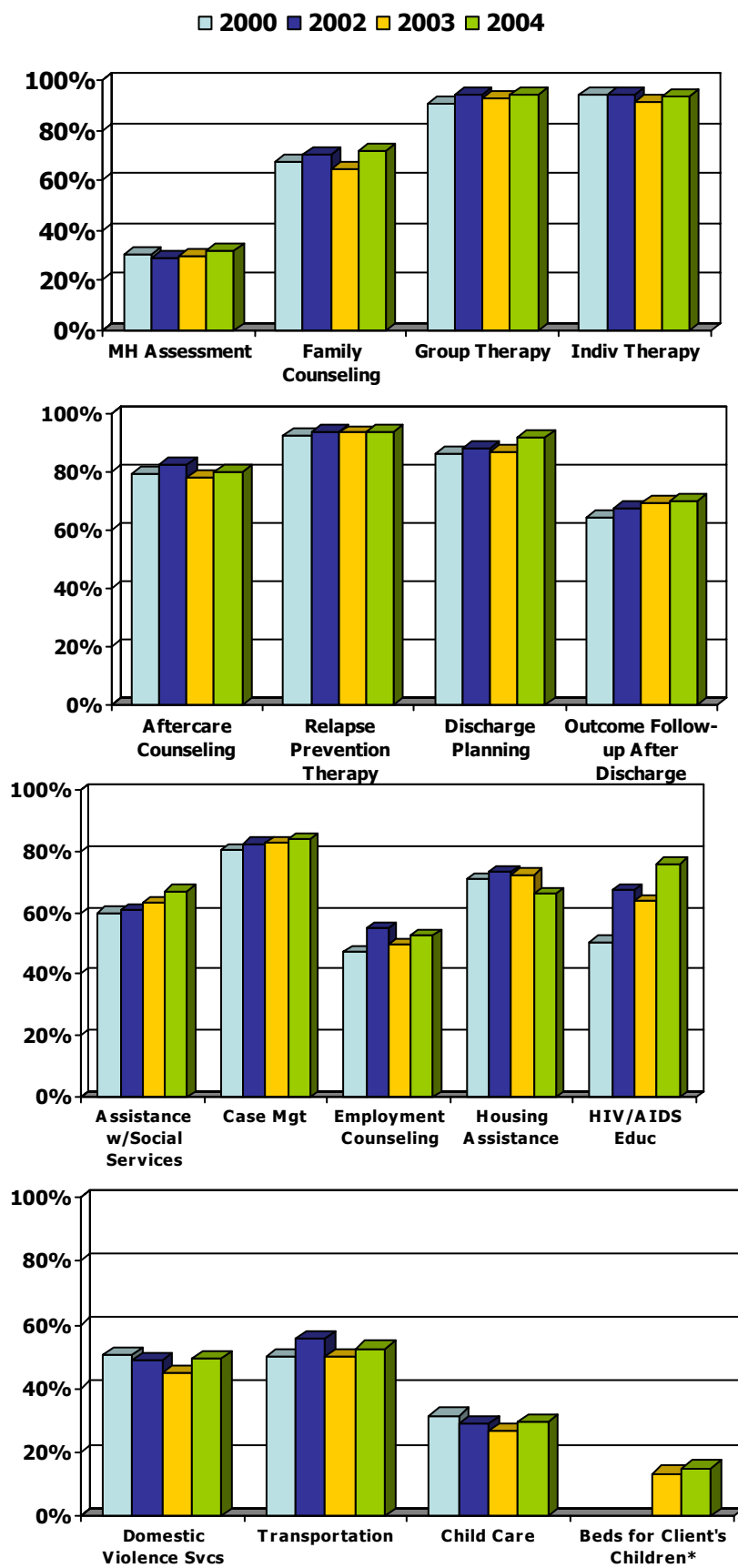
**Figure 9: Total and Number of California Treatment Facilities reporting Women's Services or Groups on the National Survey of Substance Abuse Treatment Services, 2004.**



The service array offered by the facilities with a women's program have showed some minor fluctuations over the past few years. More importantly these data show that many of the critical services included in comprehensive services models (e.g., transportation, child care, employment services and domestic violence services) are not provided by the majority of facilities offering programs for women. The percent of facilities offering various services components are shown for the past four years in Figure 10.



Figure 10: Percent of California Facilities with a Women's Program/Group Providing Given Service



## **Summary**

- In 2004, an estimated 375,000 California women needed but did not receive treatment for illicit drugs
- An estimated 924,000 California women needed but did not receive treatment for alcohol problems
- There were approximately 62,400 treatment admissions for women in 2004 representing approximately 34% of all admissions
- Pregnant women accounted for 5.4% (n=3,411) of the female admissions in California
- Despite limitations of data on treatment need, it is possible to contrast the services provided to approximately 3,400 pregnant women with needs for treatment and supportive services for a group of women and children estimated at 133,000-150,000 women and nearly 70,000 newborns annually
- Approximately 121,000 men and 43,200 women admitted to substance abuse treatment were parents of minor children

## **Recovery Support Challenges and Issues**

In addition to data on prevalence and treatment issues, there are other related issues that affect the recovery of women who are in substance abuse treatment. The list below reflects many of these issues.

### **Health Insurance**

California has a higher percentage of uninsured women aged 18-84 than the nation as a whole, especially among low income women. In California, the Henry J. Kaiser Family Foundation estimates that 66.8% of adult women aged 18-64 have private health insurance, 11.2% have Medi-Cal and 22% are uninsured. Among women with incomes less than 200% of the federal poverty level, nearly 40% do not have health insurance which equals more than 4.1 million women.<sup>70</sup>

### **Tobacco**

Over the past 20 years, the smoking prevalence among women in California has steadily declined from 25.2% in 1985 to 11.1% in 2005.<sup>71</sup>

### **Intimate Partner Violence**

The California Women's Health Survey findings indicate that 5.8% of women reported experiencing intimate partner physical domestic violence.<sup>72</sup>

### **HIV and AIDS**

Women are fastest growing population with AIDS in California with 11.8% of AIDS cases and 13.1% of all HIV cases in 2004 being among women. Eighty-five percent of women diagnosed

with HIV or AIDS are within child bearing age. African American women comprise 34.1% of new HIV/AIDS cases among women and Latinas comprise 22.2% of new cases.<sup>73</sup> Since 1981, 11,398 adult/adolescent women have been diagnosed with AIDS and there have been 651 identified cases of pediatric AIDS. Thirty-six percent of female transmission is from injection drug use and 45% of adult/adolescent AIDS transmission is from heterosexual contact. Of the pediatric cases, 68% are transmitted from a mother with or at risk for HIV infection. Approximately half (51.5%) of women participating in the California Women's Health Survey reporting that they had a new sex partner in the last year indicated that they had talked about the risk of AIDS with their partner.<sup>74</sup>

## **Education and Employment**

Ultimately the goal of alcohol and drug treatment is to help women to reduce substance use and improve their economic and social well-being. For families with children, the additional goal of supporting the development of healthy children with minimal risk factors and maximum protective factors.

Women entering treatment have significant hurdles to overcome in order to achieve economic well-being. Only 57% of women entering treatment have graduated from high school and more than half of the pregnant women who entered treatment have less than twelve years of education.<sup>75</sup>

Less than 10% of pregnant women entering treatment and only 13.2% of women admitted to treatment are employed.<sup>76</sup> Perhaps even more significant, most women (61.7%) entering treatment are not a part of the labor force. Income and employment are often long-term recovery goals. Education, job training and job development services are provided in comprehensive treatment programs, however, this challenge is reflective of economic barriers for women as a whole.

In California 55% of women are in the labor force. For full-time, year-round workers, women are paid on average only about 76% of what men are paid; for women of color, the gap is even wider. In 2004, women's median annual earnings were only \$.76 for every \$1.00 earned by men. For women of color, the gap is even worse – only \$.69 for African American women and \$.58 for Latinas.<sup>77</sup> These women face significant personal barriers in seeking and retaining employment. Overall, 15.3% of California families with children below age 18 live below the poverty level. In female headed households with children under 18 more than 32.5% are below poverty level.<sup>78</sup>

## **Housing**

Safe, affordable housing is an important element in maintaining recovery from substance use. Comprehensive substance abuse treatment assists women and families to identify safe, affordable housing for on-going support. California led the nation in having the highest median housing value and the highest median rent in 2003. Median rent was identified as \$844 per month and the median housing cost equaled \$334,426.<sup>79</sup> A report by the National Low Income Housing Coalition titled "*Out of Reach 2005*" found that the Fair Market Rent for a 2 bedroom

apartment in California was \$1,149 per month. For a family to expend no more than 30% of their income on housing, this rent requires an hourly wage of \$22.09 per hour 40 hours per week, 52 weeks per year. An individual earning minimum wage in California (\$6.75 per hour) must work 131 hours per week in order to meet this rent.<sup>80</sup>

## **Summary**

- California has a higher percentage of uninsured women aged 18-84 than the nation as a whole, especially among low income women
- Women are fastest growing population with AIDS in California with 11.8% of AIDS cases and 13.1% of all HIV cases in 2004 being among women
- Women entering treatment have significant barriers to employment including low educational attainment and a lack of work skills which need to be overcome in order to achieve economic self-sufficiency
- California led the nation in having the highest median housing value and the highest median rent in 2003 yet safe, affordable housing is an important element in maintaining recovery from substance abuse or dependence

## **Information Gaps**

In reviewing available data, some of the most important findings concern what data are not readily available—or not collected at all. Some of the most important data gaps related to outcomes for women and children include:

- Current prevalence data on substance use during pregnancy and substance-exposed births
- Total number of women screened for substance use during pregnancy; positive screen results; screens that result in a referral to treatment, treatment access, engagement and treatment outcomes of pregnant women
- Data on referrals substance-exposed infants to child welfare agencies, as mandated by new amendments to the Federal Child Abuse Prevention and Treatment Act (CAPTA)
- Data on referrals to Regional Centers for developmental assessments of 0-2 year olds with substantiated child abuse and neglect cases (as mandated by the new Federal CAPTA amendments) who have parents with substance use disorders or those who were confirmed to be prenatally substance-exposed
- Prevalence data, treatment need, treatment access and outcomes among parents in the child welfare system (in which recording substance use is an optional field), particularly the subset of parents in which treatment is a condition of family reunification
- Prevalence, treatment need, treatment access and outcomes for adolescents in the child welfare system who have significantly higher rates of substance use and need for treatment compared to youth not in foster care
- Prevalence, treatment need, treatment access and outcomes for CalWORKs participants for whom targeted funding has been made available since 1998
- Data from Proposition 36 (SACPA)-funded agencies on characteristics and treatment outcomes for women (or men) with minor children
- Timely access to California-specific information submitted to State agencies for monitoring treatment need across service systems, treatment access and outcomes for women and children

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